

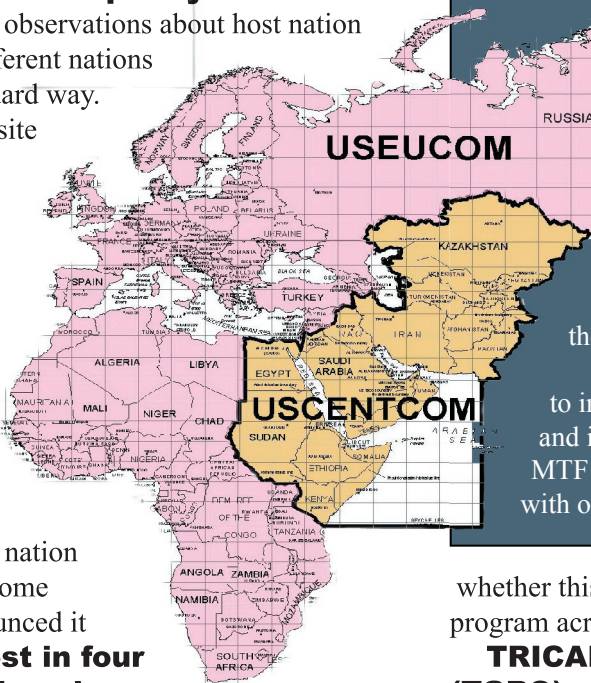
Year of Accomplishments Sets Tone for FY 2005

Col (Dr.) James Rundell
Executive Director

It's hard to believe Fiscal Year 2004 is over. Much has occurred during the past year. As Operation Iraqi Freedom and Operation Enduring Freedom continue, our theater has pressed ahead with a number of initiatives to improve access to and the quality of health care. This is a good time to review key events related to TRICARE and management of our health plan in this unique overseas environment.

Our medical director has led Military Treatment Facility (MTF)-based teams on unprecedented visits to the theater's highest volume host nation hospitals. For the first time, **Standard site visit quality checklists** offer a way to compare observations about host nation hospitals across ten different nations in our theater in a standard way. A summary of over 25 site visits will be presented at the December 2004 MTF Commanders' Conference.

TRICARE Europe's long-standing attempt to gain TRICARE Management Activity (TMA) support to test the concept of contractor assistance in some aspects of host nation care management has come to fruition. TMA announced it would fund a **pilot test in four geographic locations in our theater** to assess the cost-effectiveness and quality outcomes of contractor assistance with host nation provider privileging and host nation hospital inpatient case management. The test sites will be Lakenheath, Croughton, Upwood, Baumholder, Vicenza, Aviano, and La Maddelena. The pilot test will commence on Jan. 1, 2005 and last 12 to 18 months. At the end of the test, outcome measures will provide data to determine



Introducing the New OCONUS TRO

TRICARE Europe is now officially called the **TRICARE Area Office – Europe (TAO-E)**. The boundaries and areas of responsibility for our overseas area remains the same.

TAO-E is now a subset of the larger OCONUS TRICARE Region Office (OCONUS TRO) headquartered in Washington D.C. The

OCONUS TRO encompasses Europe, the Pacific, and Latin America/Canada. RADM Richard Mayo, above, is the Regional Director for this new organization.

The OCONUS TRO centralizes some functions previously done separately by the overseas lead agents, including central data analysis, aspects of contract management, some marketing functions, and some web-based activities. Many of these functions, however, will be retained at the TAO-E office.

The goal of centralizing some functions is to improve efficiency by reducing redundancy and improving standardization. No beneficiary or MTF processes should change in terms of interface with our office.

whether this should become a permanently funded program across the entire theater.

TRICARE Global Remote Overseas (TGRO) continues to expand and grow. The contractor, International SOS, offers remote Prime beneficiaries cashless, claimless service from selected host nation providers who meet their rigorous quality standards. Overall satisfaction with the program has been outstanding, providing a consistent benefit to over 9,000 remotely located beneficiaries, and new possibilities for

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Year of Accomplishments Sets Tone for FY 2005

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Col James Rundell
TRICARE Europe Executive Director

emergent and urgent care to remotely located TDY and deployed personnel. Utilization of the remote overseas contract continues to grow at a rapid pace.

TRICARE Europe's **direct beneficiary support** also continues to mature and grow.

A record number of phone calls and electronic requests for help from our Central TRICARE Service Center were handled in FY04. And our **two case managers** had a record year in terms of episodes of assistance to beneficiaries and families needing help with the most complicated (from a claims perspective) of our managed care issues, including inpatient psychiatric hospitalization, cosmetic surgery, morbid obesity surgery, and hearing aid procurement. The **WIC Program** has matured and continues to oversee the application of several million dollars in benefits in this overseas program. The **Dental Program** is busier than ever implementing the overseas dental plan. Two full-time employees in our office are

required to maintain the program at its current level of effort.

TRICARE Europe has streamlined and restructured to align functions and areas of focus with those of the new TRICARE Regional Offices in CONUS. As of Oct. 1, 2004, TRICARE Europe as a lead agent changes. We are now **one of three overseas Area Offices in an OCONUS Regional Liaison Function**. Instead of 15 lead agent offices, TRICARE now has 3 TRICARE Regional Offices in CONUS and 3 Overseas Area Offices.

The function of these new structures has been streamlined and has focused on health plan management and beneficiary support. Other functions not directly related to these two central missions have been scaled back significantly or eliminated altogether.

In addition to the functions mentioned above, there are many **other areas of focus** for TRICARE Europe, including the translation contract, the Healthcare Information Line, assistance with data analysis, assistance to MTFs with new TMA systems being implemented, a large education and training program, deployed reservist benefits assistance, and facilitating triservice optimization efforts.

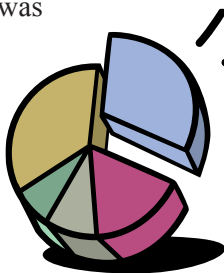
All of our work is geared toward an optimally functioning healthcare plan with robust direct beneficiary support. With the streamlining in the organization conducted as a part of the overseas TRICARE Area Office restructuring, we will be able to improve our performance in both of those key areas. Our entire staff looks forward to an exciting new year ahead in this unique theater.

Debt Collection Assistance Officer Guidelines

MSgt Lisa Poss

Senior Enlisted Advisor &
Debt Collection Assistance Officer

The position of Debt Collection Assistance Officer (DCAO) was established at Lead Agent offices and Military Treatment Facilities worldwide to help beneficiaries understand and get assistance with TRICARE-related debt collection problems.



Examples of Debt Collection issues would be if your beneficiaries receive a notice from a collection agency or a negative credit report

because of a medical or dental bill.

If you receive debt collection concerns at your facility you should contact your local DCAO.

The local DCAO should handle local debt collection cases, however there are occasions when these issues can

not be handled at the local level, which would then call for the issues to be forwarded to me, the regional DCAO.

I can be reached at DSN 496-6212, or by email at:

lisa.poss@europe.tricare.osd.mil



MSgt Lisa Poss
TRICARE Europe Senior
Enlisted Advisor

Critical Patient in Eastern Europe Tests TRICARE Europe Response

Muriel Metcalf & Linda Glynn

Regional Nurse Case Managers



TRICARE Europe staff members were contacted in mid-July about a military retiree who had suffered a significant medical episode in Eastern Europe. The patient had been traveling with a friend; no family member was with him when the incident occurred. He was enrolled as a TRICARE for Life Beneficiary in a stateside region.

At the time we received the call, the patient was in a host nation hospital. His condition was critical. While his vital signs remained stable, the patient remained non-responsive.

When his condition did not improve, it became apparent that he should be moved to a U.S. medical facility that would provide the appropriate level of care.

Once TRICARE was notified of this beneficiary's status, multiple agencies were activated to assist with the movement of the patient. No one agency could have accomplished the mission alone. Constant communication between all the involved agencies resulted in a great success story.

The coordination from the country's American Embassy, Theater Patient Movement Requirements Center (TPMRC), TRICARE nurse case managers, TRICARE remote site staff, International SOS (ISOS), Landstuhl Regional Medical Center (LRMC), Walter Reed Medical Center (WRMC), Global Patient Movement Requirements Center (GPMRC), and stateside civilian nurse case managers was amazing.

TPMRC worked to coordinate an accepting facility and physician for the first leg of this patient's journey home. Movement had to be postponed a couple times when emergency admissions preempted the admission to a bed in Germany. TPMRC eventually had the patient transported, by special contract with International SOS, to Ramstein Air Base, Germany, where TPMRC took over with transportation to Landstuhl Regional Medical Center. At the same time, we (the TRICARE nurse case managers) were locating a stateside case manager and

an accepting facility/physician in the states for this TFL beneficiary.

The coordination went very smoothly and the patient remained at LRMC for only two nights before being flown on to Walter Reed Army Medical Center (WRAMC) in Washington D.C.

All the coordinating information was communicated with the social work department of WRAMC so that they knew that there was an accepting facility and physician for this patient. He therefore remained at WRAMC for only two nights before being transported on to the accepting facility that was closer to home and family.

The patient remained non-responsive and on a ventilator for the entire movement. The nurse case manager from the accepting facility coordinated the land transportation from the military aircraft to the TRICARE/

“At the time we received the call, the patient was in a Polish hospital. His condition was critical. While his vital signs remained stable, the patient remained non-responsive.”

Medicare approved facility.

During the whole coordination process, we stayed in close contact with the patients' spouse (who lived in CONUS), so that she knew at all times the status of her husband.

Because of the superb coordination between all the agencies involved, the patient did not spend excessive time in any facility before reaching his final destination.

During this time of excessive strain on our military hospitals, it was essential that detailed case management be provided to ensure the proper usage of our military resources. Great teamwork and cooperative efforts resulted in a positive outcome for this military family. Thanks to all involved.

Medical Director's Corner



Product Standardization Marketing: What's in it for Me?

LTC (Dr.) George Patrin
TRICARE Europe Medical Director

The Tri-Service Product Standardization (TPS) members have been working overtime to see what we can do to help you maximize your medical product standardization efforts.

Our first endeavor has been to improve the medical supply ordering process in Europe to ensure an efficient and user friendly mechanism, improving quality of care provided while saving medical supply dollars.

We have also developed a PowerPoint® brief that can be used to convince any audience why we all need to put our best people on this project.

Everyone should be asking, "What's in it for me (WIIFM)?" Bottom line? We are giving away cost savings that should be routed back into our healthcare program through cost containment. Proven cost (avoidance) savings can range from 10 to 30 percent, according to prototype DoD programs. Our return on investment

(ROI) should be at least 10:1. We simply can't afford to be giving that away!

A look at commissary shopping demonstrates why this is so. When we buy a single box of macaroni & cheese from the commissary, we pay \$.89. But when we buy a case of 10, they cost \$.50, saving us \$3.90. Since we can only use five boxes, we share with a friend and each save \$1.95, which we can now spend on other food items.

It's easy to see how buying together saves big money at the organizational level. For large ticket items, like a \$30,000 car, we approach a dealership with a group of buyers, so they will give us a great deal on the cars, say \$25,000, rather than each of us haggling an individual price of perhaps \$28,000 in our local economy. This way, we all get the car we need and still have \$5,000 left to use on upgrades, an extended warranty, or on another supply item. We don't lose that savings. The \$5,000 in cost

avoidance remains with us until year-end for our local use.

Did you know that when we purchase items with the government IMPAC credit card, we don't know if we're getting the lowest price, best delivery terms, or other guarantees (not to mention potential customs charges, shipping fees, etc)?

Also, with the IMPAC card, DoD receives a 4 percent rebate for our using the cards. That 4 percent goes to the DoD general fund, not back to our MTF, despite the fact that it was our MTF that spent the original dollars. Why shouldn't we get the cost savings instead? The Military Health System (MHS) can achieve savings (in medical supplies and maintenance) while improving patient care and support to clinical units through product standardization at the MTF level.

If you'd like a copy of the PowerPoint® presentation on marketing the TPS program, go to the TRICARE Europe website and click on the TPS Marketing Brief!

Point of Service Penalties Start Jan. 1, 2005 for TRICARE Global Remote Beneficiaries

LCDR Jeff Trowbridge
Deputy Director, TRICARE Remote Operations

Starting Jan. 1, 2005, all TRICARE Prime Remote beneficiaries enrolled with International SOS in remote areas throughout the U.S. Central Command and the U.S. European Command Areas of Responsibility (AOR) will be required to coordinate routine care with International SOS or incur Point of Service (POS) charges – including appropriate deductibles and 50% co-pay

requirements.

Prior to Jan. 1, 2005 enrollees could obtain care without International SOS coordination – although upfront charges and claim form submissions were required.

However, for TRICARE Global Remote Overseas (TGRO) enrollees utilizing the network of health care providers, hospitals and medical clinics provided by International SOS, there will continue to be no out-of-pocket costs and no deductibles.

The POS 'penalty' only applies to TGRO enrollees who fail to use the network (see www.europe.tricare.osd.mil/benefit/remoteforinformationonusingthetgroprogram).

Remember: by using the International SOS network, beneficiaries are ensured access to quality providers who have undergone an extensive credentialing process.

The TGRO program remains a 'cashless and claimless' way to access quality healthcare for enrollees!

Provider Recoupment Update for FY 2005

Uli Engel

Deputy Chief, Regional Operations

Sometimes providers are paid incorrectly or overpaid and it is necessary for Wisconsin Physicians Service (WPS) to request that the money be paid back.

In most instances, the providers will recognize that they have been paid incorrectly and voluntarily repay the funds.

While the system of funds transfer by civilian providers throughout Europe in most cases is done electronically, DoD and WPS prefer that funds be paid back by check.

Repayment checks should be made out to **WPS/CHAMPUS**. If a provider can not issue a check to WPS, they may wire transfer the funds. Here are the details

that you will need to complete a wire transfer:

RECIPIENT BANK:

*M&I Marshall & Ilseley Bank
Milwaukee, WI, USA
Swift: MARL US 44
TELEX: TRT 190470 Maril Mil*

Instruct the bank that further credit is to be made to:

FINAL RECIPIENT BANK:

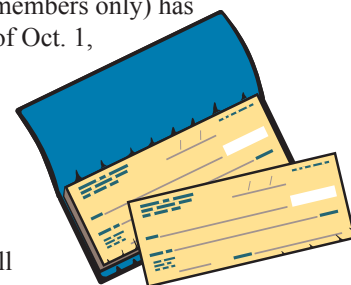
*M&I Madison Bank
Madison, WI, USA
ABA#: 075911205
Account Name: Wisconsin Physician Service/CHAMPUS*

For family members, the new account number is **631571643**. For active duty members, the account number will remain **57-24697**.

Note that the above account number (for family members only) has changed as of Oct. 1, 2004. This number changes each fiscal year.

Please be sure to tell the provider to include the claim number when wiring funds.

All fund-wiring fees will be borne by the recipient of the funds (WPS).



TRICARE Dental Program is "Personal Choice"

Dr. George Schad

TRICARE Dental Plan Overseas



In order for a family member to be referred to the civilian provider network, the sponsor needs to belong to the TRICARE Dental Program (TDP), and the clinic needs to issue the beneficiary a Non-Availability and Referral Form (NARF) for the care that they need.

The clinic should also give the patient a list of local providers who have agreed to see TRICARE patients, and they should also give the patient a UCCI Claim Form that will need to be completed and sent in with the NARF and the provider's bill in order for the insurance company to pay the claim. If the patient is in need of orthodontic treatment, then treatment planning materials need to be approved. DTFs have patient information handouts that outline the requirements of the program.

Many sponsors and beneficiaries do not realize that enrolling in or disenrolling from the TDP is a personal choice decision. That decision should be made after they have considered all their dental

treatment needs, their options for dental care, and several other factors.

One of the main considerations is the amount and kind of dental care available to family members in the local DTF. Due to the fact that we continue to see large deployments of European Command personnel to the Middle East we are experiencing manning shortfalls in our military dental clinics. When we have dental clinic personnel deployed and no backfills for them in our military dental clinics our space available dental care program for family members becomes very limited. Based on this situation we are recommending that sponsors stay enrolled in the TDP. Here are some additional items that should be considered:

- ① Amount of time spent in the U.S.
- ② College student or other family member in the U.S. requiring dental care
- ③ Orthodontic or other specialty care required and not available in the DTF
- ④ Possible emergency care needs when family members are away from the overseas DTF
- ⑤ Advantages of coverage versus cost of premiums

Families should consider all of the above factors before deciding on TDP enrollment or disenrollment. We ask that all clinic personnel be made aware of these considerations so that they will be able to give beneficiaries who have questions regarding the TDP the best advice. Telling beneficiaries to disenroll if they are happy with care at their local DTF does not give them all of the information they need to make a wise choice.

We need you to promote the TDP "personal choice" concept. This is especially important information at newcomer's briefings and in Commander's Calls.

The dental insurance program is a significant family member benefit. This is an important matter for each family and we must ensure they have the information they need to make an educated decision.

The POCs for this program are Dr. George Schad or Mrs. Andrea Hamblin, at TRICARE Europe: 496-6358, or 0049 (0)6302 67 6358.

Coordination of Benefits With TRICARE

German Statutory Health Insurance

Uli Engel

Deputy Chief, Regional Operations



TRICARE eligible beneficiaries working under a German Labor Contract are required under German labor laws to seek health insurance coverage through one of the various German Statutory Health Insurance Companies if their monthly income under their employment contract is less than €3487.50.

These members will be issued an insurance card which they have to show every time they use a German provider. In general, all medically necessary care is covered under the German health insurance system, and the beneficiaries are only required to pay certain cost-shares or co-payments:

- € 10.00 per member/per quarter for medical care received by a primary care provider (PCP)
- No additional cost if referred by PCP to a specialist
- Additional € 10.00 per quarter for specialty care without a referral
- € 10.00 co-pay per day of hospitalization or inpatient rehabilitation up to 28 days per calendar year
- Cost-share for physical therapy, massage, speech therapy etc.
- € 6.00, €8.00 or € 10.00 co-payments for prescriptions

General Requirements

The member must provide their health insurance chip card to the provider at the time he/she is receiving medical care. Only providers that are authorized to treat patients insured under the German Statutory Health Care System can be used.

Over 80 percent of all providers in Germany are authorized under the various Statutory Health Insurance Companies. They can also treat private patients (those not enrolled in the Statutory Health Insurance Program) for a higher payment schedule, which is governed under the Gebührenordnung für Ärzte (GOÄ).

If the provider is not an authorized provider under the German Statutory Health Care System, then he can only

treat patient having a private health insurance plan and bill in accordance with the GOÄ.

TRICARE Europe's Preferred Provider Network consists of both categories of providers. This may cause some problems and/or confusion that can result in TRICARE/WPS recoupment actions. Here are two examples:

❶ An MTF incorrectly refers a TRICARE Prime enrollee to a network provider who is not authorized under the German Statutory Health Care System. The provider must issue a "private" bill using the GOÄ. The beneficiary's Statutory Health Insurance Company will not accept this bill. TRICARE cannot pay the bill either because the beneficiary "waived" their benefits under their primary health care plan. This basically means that if the beneficiary had used an authorized provider the German Insurance Company would have paid the care in full. This means that MTF MUST ensure that patients are referred to licensed providers under the statutory health care system.

❷ An MTF provider requests ancillary services from a TRICARE Network Provider. The HN provider cannot bill the German Insurance Company because the referring MTF physician is not licensed to practice in Germany or under the German Health Care System. Again, TRICARE would not be able to pay the bill.

Based on some beneficiary inquiries and complaints, TRICARE Europe asked DoD's General Counsel to review the TRICARE regulations concerning the coordination of benefits. After this review, General Counsel upheld the regulations and no changes were made.

Some beneficiaries have also stated that they intend to hide the fact that they have German health insurance coverage and will file their claim with TRICARE only. ***We need to inform our beneficiaries that if they do this it is considered a fraudulent claim, and they may face prosecution if they are caught.***

If you have a question about these rules and procedures, please give me a call at 0049-6302-67-6320 (DSN 496-6320), or e-mail me at uli.engel@europe.tricare.osd.mil.



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Readers with questions or comments may contact us at:
 TRICARE Area Office - Europe Public Affairs
 DSN: 496-6315 or Comm: 00-49-0-6302-67-6315
 E-mail: teo.pao@europe.tricare.osd.mil
 Article and photo submissions are welcome

OCNUS Regional DirectorRADM Richard Mayo
 Deputy Director, TAO -ECol James Rundell
 Editor.....Mr. Troy Kitch
 Editorial Support.....Mrs. Brenda Marshall
 Web Support.....Mr. Bernie Samed

Reintegration Video for Children

LTC (Dr.) George Patrin, TRICARE Europe Medical Director, practices for a video production of a puppet show designed to present reintegration issues to children whose parent or parents return following an extended deployment. Patrin, the director of the production, said the video will provide a tool useful for children, adolescents, parents, and military community professionals, both medical and non-medical commands, to deal with short and long-term family stresses of deployment reintegration. See the next issue of the *Compass* for more on this project.



TRICARE Europe Beneficiary Feedback

The information in this column features frequently asked questions from beneficiaries and answers provided by the TRICARE Europe Office staff.

Q: *I will be retiring soon and want to obtain additional health insurance from my new employer. They are requesting a "certificate of creditable coverage" from my previous health insurance company. Can my local TRICARE Office issue this certificate?*

A: Certificates of creditable coverage are issued to any person previously covered under TRICARE who loses eligibility due to a separation or retirement. Forward your written request to the Defense Manpower Data Center Support Office; Attn: Certificate of Creditable Coverage; 400 Gigling Road; Seaside, California 93955-6771.

Certificates cannot be requested by phone, but if you have an urgent request, you can fax your request to the DSO at (831) 655-8317 and request that DSO fax it to a particular number.

Q: *Can dependent parent/parent-laws enroll in TRICARE Prime or use TRICARE Standard?*

A: Dependent parents or parent-in-laws who reside with their active duty or retired military sponsors in Europe may use Military Treatment Facilities (MTFs) on a space available basis, but their TRICARE benefits are limited to the Senior Pharmacy Program.

While dependent parents are entitled to direct care in the military system if space is available, they are ineligible for TRICARE Prime, Standard, Extra, or TRICARE For Life. Congress mandates this policy. TRICARE Plus is not available

to dependent parents overseas, although it is an option at many stateside MTFs. Providers at military hospitals try to see as many patients as possible, but increased operations tempo and heavy deployment loads has led to limited space availability Europe-wide. **If dependent parents are referred to host nation providers for care and do not have private health insurance, they will have to pay for this civilian care out-of-pocket.**

Q: *My dependent son just graduated from high school and will attend college in the states. What do I need to do to keep him enrolled to TRICARE while he is away at school?*

A: Please ensure that his DEERS information is current. Most TRICARE claims are denied because of expired ID cards. To verify your student's DEERS information and eligibility, visit the nearest uniformed services ID card-issuing facility (your personnel office). You can also call the DEERS Support Office (DSO) at 1-800-538-9552.

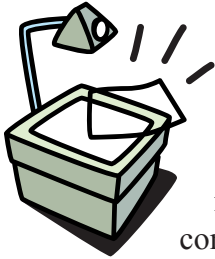
TRICARE covers dependent children up to age 21. Coverage is available up to 23 years of age if the child is a full-time student. If he is attending a school near a Military Treatment Facility (MTF), you can contact the closest TRICARE service center (TSC) to the school and request an enrollment transfer. This transfers his TRICARE Prime from his current enrolled location to the gaining TSC without a break in his enrollment. There are no enrollment fees required for Active Duty dependents enrolling or transferring TRICARE Prime.

If he will not be near an MTF and TRICARE Prime is not offered in the area where he will be attending school, he will need to disenroll from TRICARE Prime (Europe) and remain in TRICARE Standard while at school. For more information, please visit your local TRICARE service center.

Three Clicks & You're Done! New Customer Comment Card Debuts

Capt Ted Lemon

Chief, Information Officer



On behalf of TRICARE Europe, I am pleased to introduce our newly redesigned comment card for beneficiaries who receive care from host nation providers.

The new Customer Comment Card is available as both an online application and in print form (word document). Both formats are available on our website.

We ask that TRICARE Service Center personnel begin attaching the new word version of this form to all patients referred to a host nation provider, effective immediately.

For those who use the online version, we have made many improvements that save time and

TRICARE Europe
Host Nation Medical Care Customer Comment Card

Where did you receive care? Please provide the information below.

Name of Clinic/Provider	
Location/Address	
Facility where your medical records are located	
Date of appointment/date of care	

Were you satisfied with your experience with the Host Nation Provider? Yes ☐ No ☐

Would you return to this provider for medical care? Yes ☐ No ☐

Please rate the following items by filling in the circle next to your rating. If an item does not apply, mark the "N/A" circle.

First impression	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Okay	<input type="radio"/> Poor	<input type="radio"/> Awful	<input type="radio"/> N/A
Provider Customer Service	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Okay	<input type="radio"/> Poor	<input type="radio"/> Awful	<input type="radio"/> N/A
Staff Customer Service	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Okay	<input type="radio"/> Poor	<input type="radio"/> Awful	<input type="radio"/> N/A
Quality of medical care	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Okay	<input type="radio"/> Poor	<input type="radio"/> Awful	<input type="radio"/> N/A
Quality of patient instructions	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Okay	<input type="radio"/> Poor	<input type="radio"/> Awful	<input type="radio"/> N/A
Provider's ability to speak English	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Okay	<input type="radio"/> Poor	<input type="radio"/> Awful	<input type="radio"/> N/A
Staff's ability to speak English	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Okay	<input type="radio"/> Poor	<input type="radio"/> Awful	<input type="radio"/> N/A
Facility cleanliness	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Okay	<input type="radio"/> Poor	<input type="radio"/> Awful	<input type="radio"/> N/A
Overall Impression	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Okay	<input type="radio"/> Poor	<input type="radio"/> Awful	<input type="radio"/> N/A

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Customer Comment Card

Welcome to the New Host Nation Provider Customer Comment Card site! This is your opportunity to tell us about your Host Nation provider experience.

Why do we use Host Nation providers?

Our Military Treatment Facilities (MTFs) are typically sized to serve military patients and their families who are assigned to a particular area. We often use Host Nation providers for specialty care at many MTFs because there are not enough cases to justify a full-time military provider at each military hospital or clinic. Also, it is impractical to make each MTF large enough to handle contingency operations or other instances when demand is temporarily very high. We aim to strike a balance between MTF size and our Host Nation network to ensure that you get the quality, cost effective care that you need. Host nations have differing cultural practices and varying medical standards, but that does not mean you should expect lower standards of care. Your comments help us ensure that you receive quality, cost effective, and accessible medical care through our Preferred Provider Network.

Please select the appropriate answer to the questions provided.

Date of care (Example: mmddyyyy (MM/DD/YYYY))

Were you satisfied? ☐ YES ☐ NO

Would you return to this provider for medical care? ☐ YES ☐ NO

Please select a location where your records are kept:

[Click here to download the Host Nation Customer Comment Card in MS Word format.](#)

Note: If you would like to submit comments about your experience at a Military Treatment Facility, please use the [Interactive Customer Evaluation \(ICE\)](#) site. If you are a member of the Remote Site Health Care Program and wish to tell us about your Remote Site provider experience, please use the [International SOS Customer Satisfaction Survey](#).

effort. These improvements have decreased input time by more than 50 percent.

Visit us at www.europe.tricare.osd.mil to begin taking advantage of the many new improvements. Feel free to contact us any time with questions at DSN 496-6322 or Commercial 06302-676322.